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Congress of the United States

U.S. House of Representatives

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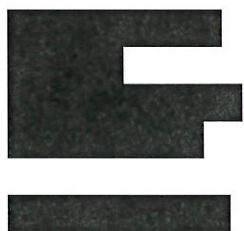
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February 27, 2018



As Chairmen and Ranking Members of the Committee on Ways and Means and the Committee's Subcommittee on Health, following a series of hearings, and as part of our ongoing effort to respond to the opioid crisis, we are seeking feedback from stakeholders across the continuum of care to inform the development of future legislation.

In 2016, more than 42,000 Americans died from opioid-related drug overdoses – five times the rate in 1999, according to the Centers for Disease Control and Prevention (CDC).¹ Drug overdoses kill more Americans than falls, guns, or traffic accidents – and the economic burden from opioids was estimated to be \$95 billion in 2016.^{2 3} Though frequently not discussed, the epidemic is particularly problematic for the Medicare population. According to a Department of Health and Human Services (HHS) Office of Inspector General (OIG) report released in July 2017, one-third of Part D beneficiaries received an opioid prescription in 2016, costing the program \$4.1 billion and representing 79.4 million prescriptions.⁴

These numbers are unacceptable, and we look forward to partnering with stakeholders such as yourself, as well as the Administration, in this fight against the crisis within the Medicare program.

We ask that you submit this feedback to the questions below by March 15, 2018 by sending a document in Word format to WMOpioidSubmissions@mail.house.gov.

¹ CDC. Opioid Overdose. 2017. Available from: <https://www.cdc.gov/drugoverdose/index.html>

² SAMHSA. Medication Assisted Treatment - Prescription drug and opioid addiction (MAT-PDOA) program 2016 Available from: https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/mat-pdoa-fact-sheet.pdf.

³ Rhyan CN. The potential societal benefit of eliminating opioid overdoses, deaths, and substance use disorders exceeds \$95 billion per year. 2017.

⁴ OIG. Opioids in Medicare Part D: Concerns about extreme use and questionable prescribing. 2017.

Overprescribing/Data Tracking

1. **Improving the Flow of Information Between the Plans and the Centers for Medicare & Medicaid Services (CMS):** The Committee seeks input regarding the types of information CMS/the National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC) can provide plans to assist their internal opioid strategies. Additionally, the Committee seeks input on other strategies for streamlining communication between the plans, CMS, and the NBI MEDIC as it relates to opioid overprescribing.
2. **Second-Fill Limits:** The Committee seeks input on types of controls available to plans in the Medicare program to limit second-fill opioid prescriptions for pain management.
3. **Tools to Prevent Opioid Abuse:** The Committee seeks input on tools currently unavailable in the Medicare program that could be used to curb opioid abuse and dependence. The Committee seeks input on best practices and policies that would reduce the use of opioids in emergency departments and other outpatient settings.
4. **Perverse Incentives in Medicare:** The Committee seeks input on perverse incentives within Medicare or other programs that spur overprescribing of opioids across all settings of care, as well as incentives that may provide a barrier to accessing treatment for opioid use disorder.
5. **Medication Therapy Management (MTM):** The Committee seeks input on the value of adding beneficiaries at-risk of opioid use disorder to the list of targeted beneficiaries under the MTM program. Additionally, the Committee seeks input on improvements that could be made to MTM programs to better address coordination of care.
6. **Electronic Prior Authorization:** The Committee seeks input on the value of standardizing the electronic prior authorization process or other improvements that could make electronic prior authorization a more effective tool for providers and plans.
7. **Prescription Drug Monitoring Program (PDMPs):** Currently, CMS does not have access to state PDMPs. The Committee seeks input regarding state PDMP data-sharing with CMS and other health care entities. Specifically, the Committee seeks information on potential barriers to implementation and how plans currently use any information (or would use such information in the future).

Communication and Education

1. **Prescriber Notification and Education:** The Committee seeks input on tactics for notifying “outlier” opioid prescribers. The Committee seeks input on best practices for prescriber education on the adverse effects of prolonged opioid use, clinical guidelines for alternative pain treatments, and clinical guidelines for opioid prescribing.
2. **Beneficiary Notification:** The Committee seeks input on the types of communications that would be appropriate for notification of the adverse effects of prolonged opioid use and alternative treatment options.

Treatment

1. **Opioid Treatment Programs (OTPs) and Medication Assisted Treatment (MAT):** The Committee seeks input on programs and providers plans find most successful for treatment of opioid use disorders. The Committee seeks input on best practices to

promote coordinated and managed care through a bundled payment or otherwise, including for medications such as Methadone, to care of patients suffering from opioid use disorders.

2. **Using Alternatives to Opioids for the Treatment of Pain:** The Committee seeks input on best practices and policies that would modify prescribing patterns to prevent opioid abuse and misuse and reduce the use of opioids in emergency departments and other outpatient settings. The Committee is interested in ways to effectively address pain and ideas for innovative ways to encourage multimodal treatment of pain through payment reforms or benefit changes.

Thank you for your attention to this matter,

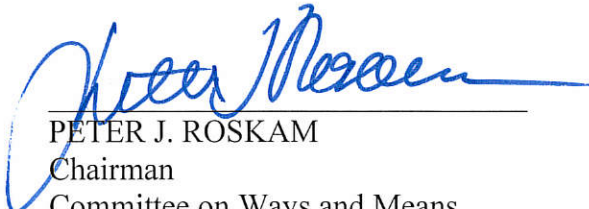
Sincerely,



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Committee on Ways and Means



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Ranking Member
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PETER J. ROSKAM
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